

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis Mo
90 Township St. Louis Mo
9 City St. Louis Mo

FEB 8 1937 791
Registration District No. 1008
Primary Registration District No. 1008

File No. 3214
Registered No. 240
St. 1 Ward 240

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

Length of residence in city or town where death occurred

Yrs.

Mos.

Ds.

How long in U. S., if of foreign birth?

Yrs.

Mos.

Ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Heilmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8 / 1876

7. AGE YEARS 60 MONTHS - DAYS 27 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman 263

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Beer

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

13. NAME Louis E Delfaa

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

15. MAIDEN NAME Herget

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Clarence Fischer

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marvus DATE Jan 7, 1937

19. UNDERTAKER (ADDRESS) Fendler Undert Co

20. FILED 7420 Michigan Ave

6 1937 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Jan 5, 1937

I last saw him alive on Jan 5, 1937. Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 1/1/37

Cardiac failure 1/4/37

Ch. Sect. Septic 1/1/37

Other contributory causes of importance: 106

Name of operation none Date of none

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. H. Pranger, M. D.

(Address) 705 N. Kingsbury Hwy

J. H. Pranger

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

